

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

101575714

4/12/06

CLAIMS

	AS FILED		AFTER		AFTER			
	1 ST AMENDMENT		2 ND AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1							
2	1							
3	1							
4		1						
5		1						
6	1							
7		1						
8		1						
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
TOTAL IND.	4							
TOTAL DEP.	4							
TOTAL CLAIMS	8							

	AS FILED		AFTER		AFTER			
	1 ST AMENDMENT		2 ND AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
51								
52								
53								
54								
55								
56								
57								
58								
59								
60								
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								